



STATE MARSHALS 2007 ANNUAL STATEMENT OF INCOME

INSTRUCTIONS

WHY REPORT:

Under Connecticut General Statutes § 1-83 (b) (2), all state marshals must file with the Office of State Ethics an annual statement of the amounts and sources of income earned in their capacity as State Marshals.

WHEN TO REPORT:

The Office of State Ethics must receive your statement on or before May 1, 2008. **IF YOU DO NOT FILE an accurate statement before the due date you may be subject to a penalty of up to \$10,000.**

A State Marshal who leaves office during 2008 must file a statement of income earned up to the time he or she left office. Regs., Conn. State Agencies § 1-81-12. You must file within 60 days of receiving notification from the Office of State Ethics.

WHAT TO REPORT:

INCOME:

When reporting income, include all statutory fees (service, endorsements, copies and travel allowance). **DO NOT** include reimbursements of advancements, or funds held but not yours to keep. For example, do not include: bail or bond money received or held; reimbursement of motor vehicle or town clerk fees; filing or entry fees; witness, moving, or keeper fees; certified/registered mailing fees. Regs., Conn. State Agencies § 1-81-13.

EXPENSES:

Report all expenses directly attributable to the performance of official duties as a State Marshal including ****proportionate** amounts of employee expenses (salaries, social security tax, unemployment compensation tax, medical insurance, other benefits, etc.), office expenses (rent, insurance, utilities, actual copying costs, etc.) and transportation expenses. To report transportation expenses, report **EITHER** the proportionate cost of actual expenses for gasoline, car insurance, repairs, etc., **OR** the number of miles traveled on marshal business multiplied by the statutory mileage fee.

****To report proportionate amounts:** for example, if you use your car for marshal duties 50% of the time, report 50% of total gasoline, insurance, etc.

DO NOT REPORT:

Please provide only the information requested on this form. Do not include copies of your W-2, 1040, 1099, or other personal information. Do not include your social security number. Remember that this filing is public information.



OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

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State Marshal's Name (Please Print): _____

State Marshal's County: _____

SALARY

a. \$ _____

SERVICE OF PROCESS

b. \$ _____

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for service of process.

EXECUTIONS (wages, bank, property, etc.)

c. \$ _____

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for execution services.

COLLECTION OF DELINQUENT TAXES

d. \$ _____

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for collection services.

OTHER INCOME FROM MARSHAL SERVICES

e. \$ _____

On page 3, list name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for other marshal services.

GROSS INCOME (add lines a, b, c, d and e)

f. \$ _____



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State Marshal's Name (Please Print): _____

EMPLOYEE EXPENSES

g. \$ _____

Include proportionate amounts of employee compensation and benefits attributable to supporting the marshal in the performance of official duties (e.g. wages, social security tax, unemployment compensation tax, medical insurance, etc.)

OFFICE EXPENSES

h. \$ _____

Include proportionate amounts of office expenses attributable to supporting the marshal in the performance of official duties (e.g. rent, insurance, utilities, actual copying costs, etc.)

TRANSPORTATION EXPENSES

i. \$ _____

Report EITHER the proportionate cost of actual expenses for gasoline, car insurance, repairs, etc., OR the number of miles traveled on marshal business multiplied by the statutory mileage fee.

TOTAL EXPENSES (add lines g, h and i)

j. \$ _____

NET INCOME (page 1, line f minus page 2, line j)

k. \$ _____



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State Marshal's Name (Please Print): _____

List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for **service of process**.

Name	Address	Amount Received
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_____	_____	_____
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List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for **execution services**.

Name	Address	Amount Received
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_____	_____	_____
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List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for **collection services**.

Name	Address	Amount Received
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_____	_____	_____
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List name(s) of, address(es) of, and amount(s) received from any person(s) or firm(s) who, in 2007, paid you \$1,000 or more for **other marshal services**.

Name	Address	Amount Received
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_____	_____	_____
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If you need additional space, please make as many additional copies of this page as necessary.

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(Revised 1/2008)

Conn. Gen. Stat. §1-83;

Regs. Conn. State Agencies § 1-81-2 et. seq.



OFFICE OF STATE ETHICS
18-20 Trinity Street
Hartford, CT 06106-1660

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CERTIFICATION

1. I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
2. I UNDERSTAND that all information I provide on this form shall be a matter of public record, and may be disclosed by the Office of State Ethics, unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes § 1-200 *et. seq.*
3. I UNDERSTAND that if I leave office, I must file notify the Office of State Ethics, and I must file a Statement of Annual Income earned through the last date I served as a State Marshal.
4. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Income is a complete and accurate statement of income earned and expenses made in my capacity as a state marshal during the calendar year 2007.

I have read and agree to the above certification.

Signature

Date

IF YOU LEFT OFFICE IN 2007 indicate date: _____

Please Note: This report must be received by the Office of State Ethics, 18-20 Trinity Street, Hartford, CT 06106-1660 **on or before May 1, 2008**. If you have questions, please contact us at 860-566-4472.